| SUMMONS FOR WITNESS DOCKET NUMBER | | Trial Court of Massachusetts District Court Department | | | |
|--|--|--|--|---|-----------|
| SESSION: CRIMINAL JURY | | NAME | - | | YOU MUST |
| NAME, ADDRESS AND ZIP CODE | OF DEFENDANT | | HAM SUPERI | *************************************** | APPEAR AT |
| COMMONWEALTH | | 650 HIGH STREET | | THIS COURT ADDRESS | |
| | | 1 | HAM, MA 020 | | ON |
| v. | | DATE AND TIME OF APPEARANCE | | THE DATE AND TIME | |
| | | AT | | SPECIFIED | |
| | | | | | HEREIN |
| | | Dece | mber 13, 201 | 1 10:00 AM | |
| | | | | | |
| | | | DATE | TIME | |
| NAME, ADDRESS AND ZIP CODE | OF WITNESS | OFFEN | SE(S) | | 1 |
| | | | | | |
| Annie Dookhan | | Conspiracy to violate the drug laws | | | |
| Department of Public Health | | | | | |
| TO ANY PERSON ALL | THORIZED TO SERVE CRIMINAL I | POCES | S IN THE COMMO | NIMEVI TH | I |
| | manded to forthwith serve the annex | | | | |
| named within by deliver | ring it to the defendant or witness pe | rsonally, | or by leaving it at t | he dwelling house | |
| | of the defendant or witness with so | | | iscretion then | |
| | nailing it to the last known address o | | | | |
| | for a witness may also be served by | | | serve a summons | |
| To the above named | ule 17(d)(1) of the Massachusetts R | lies of C | riminai Procedure. | | |
| 1 | | uaalth t | a maka wasir ann | aaranaa hafara | |
| You are hereby required in the name of the Commonwealth, to make your appearance before | | | | | |
| the Justices of the Court on the date and time noted above, | | | | | I . |
| land day to day the are | attance and analytical Many and Continue | | | | |
| and day to day there | after as ordered. You are furthe | | | | |
| and day to day there | after as ordered. You are furthe | | | | |
| | | require | d to bring with yo | ou: | |
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| If you do not appea | | require | d to bring with your a | rrest. Please | |
| If you do not appea | r on this date and time a warra | require | d to bring with your a | rrest. Please 0 *258 | |
| If you do not appear | r on this date and time a warra our presence at trial. ADA Jas | require | d to bring with your a | rrest. Please 0 *258 DATE OF | |
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